## 

Fill in this info	ormation to iden	tify your case:					
Debtor 1	Sheryl	L.	Haley-Sa	amue	s		
	First Name	Middle Name	Last Name			Che	ck if this is:
Debtor 2 (Spouse, if filing	ı) First Name	Middle Name	Last Name		[		An amended filing
	··			/I \/ A I	F	7	A supplement showing postpetition
Case number	ankruptcy Court for th 22-11298-md		IST. OF PENNS	ILVA	NIA	_	chapter 13 income as of the following date
(if known)				_			01/03/2024 MM / DD / YYYY
Official Form	106I						
Schedule I: `	Your Income						12/15
include informatio about your spouse your name and cas	n about your spous	e. If you are separ leeded, attach a se l). Answer every o	rated and your spo eparate sheet to th	ouse is	s not filing wit	h y	spouse is living with you, ou, do not include information any additional pages, write
Fill in your en information.	nployment		Debtor 1				Debtor 2 or non-filing spouse
If you have mo job, attach a so with informatio	eparate page Em	ployment status	☐ Employed  ✓ Not employ	ed			☐ Employed ☐ Not employed
additional emp	olovers.	cupation	Retired	-			
Include part-tir or self-employ	me, seasonal,	ployer's name					
Occupation ma student or hom applies.		ployer's address	Number Street				Number Street
			City		State Zip Code		City State Zip Code
			•		Oldic Zip Code		Only State Zip Gode
	Hov	v long employed t	here?				
Part 2: Giv	e Details About	Monthly Incom	ie				
	income as of the da	•	n. If you have noth	ning to	report for any I	ine	, write \$0 in the space. Include your
If you or your non-fi		re than one employ	er, combine the inf	ormati	on for all emplo	yeı	rs for that person on the lines below. If
					For Debtor 1		For Debtor 2 or non-filing spouse
	gross wages, salary ions). If not paid mor			2.	\$0.0	00_	
3. Estimate and	list monthly overtim	e pay.		3. +	\$0.0	00_	
4. Calculate gro	ss income. Add line	2 + line 3		4.	\$0.0	00	

Official Form 106I Schedule I: Your Income page 1

Deb	Sheryl L. Haley-Samue	ls		Case nu	mbe	r (if known	) <u>22</u>	<u>-112</u>	298-mdc
				For Debtor 1		or Debtor on-filing s		9	
	Copy line 4 here	······ →	4.	\$0.00	_				
5.	List all payroll deductions:								
	5a. Tax, Medicare, and Social S	ecurity deductions	5a.	\$0.00					
	5b. Mandatory contributions for	retirement plans	5b.	\$0.00					
	5c. Voluntary contributions for i	etirement plans	5c.	\$0.00					
	5d. Required repayments of reti	rement fund loans	5d.	\$0.00					
	5e. Insurance		5e.	\$0.00					
	5f. Domestic support obligation	s	5f.	\$0.00					
	5g. Union dues		5g.	\$0.00					
	<b>5h. Other deductions.</b> Specify:		5h. <b>+</b>	\$0.00					
6.	<b>Add the payroll deductions.</b> Ac 5g + 5h.	d lines 5a + 5b + 5c + 5d + 5e + 5f +	6.	\$0.00					
7.	Calculate total monthly take-hom	e pay. Subtract line 6 from line 4.	7.	\$0.00					
8.	List all other income regularly re-	ceived:							
	8a. Net income from rental prop business, profession, or farm		8a.	\$0.00					
	Attach a statement for each progress receipts, ordinary and not the total monthly net income.	operty and business showing ecessary business expenses, and							
	8b. Interest and dividends		8b.	\$0.00					
	8c. Family support payments th dependent regularly receive	at you, a non-filing spouse, or a	8c.	\$0.00					
	Include alimony, spousal supp divorce settlement, and prope	ort, child support, maintenance, rty settlement.							
	8d. Unemployment compensation	on	8d.	\$0.00					
	8e. Social Security		8e.	\$0.00					
	8f. Other government assistance	e that you regularly receive		<del></del>					
	cash assistance that you rece	ne value (if known) or any non- ive, such as food stamps ntal Nutrition Assistance Program)							
	Specify:		8f.	\$0.00					
	8g. Pension or retirement incom	ie .	- 8g.	\$3,775.00					
	8h. Other monthly income. Specify:		8h. <b>.</b>	- \$0.00					
•					Г			]	
9.	Add all other income. Add lines &	ta + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$3,775.00				] 1	
10.	Calculate monthly income. Add Add the entries in line 10 for Debto	ine 7 + line 9. r 1 and Debtor 2 or non-filing spouse.	10.	\$3,775.00	+			]=[	\$3,775.00
11.	State all other regular contribution	ns to the expenses that you list in S	chedu	ıle J.					
	friends or relatives.	rried partner, members of your housel	nold, yo	our dependents, yo	ur ro	ommates,	and ot	her	
	Do not include any amounts alread	y included in lines 2-10 or amounts tha	at are n	ot available to pay	ехре	enses liste	d in So	hed	ule J.
	Specify:						11.	+	\$0.00
12.		n of line 10 to the amount in line 11. Summary of Your Assets and Liabilities					12.		\$3,775.00
4.5	if it applies.	·							Combined nonthly income
13.	· · ·	crease within the year after you file t							
	☐ No. The debtor a  ✓ Yes. Explain:	nticipates beginning to recieve s	social	security benefit	s of	about \$2	2,197	in A	pril 2025.

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ī	Fill in this inforn	nation to ide	ntify your case	:			and the state of	•	
	Debtor 1	Sheryl	1	Haley	/-Samuels	l	eck if this	s is: ended filing	
	Debtor 1	First Name	Middle Name	Last Na		-   🗖		ended ming lement showing	postpetition
	Debtor 2						chapte	r 13 expenses a	
	(Spouse, if filing)	First Name	Middle Name	Last Na	ame	_	followir <b>01/03/</b>	ng date:	
	United States Bank	ruptcy Court for t	he: <b>EASTERN</b>	DIST. OF PENI	NSYLVANIA	_		D / YYYY	
	Case number (if known)	22-11298-m	dc						
0	fficial Form 10	 )6J							
_	chedule J: Yo		ses						12/15
co na	as complete and a rrect information. I me and case numb	f more space is	needed, attach ar Inswer every ques	nother sheet to t					
1.	Is this a joint cas	se?							
2.	Do your expense expenses of peop	s. Debtor 2 live in a s. Debtor 2 mus endents?  1 and  ependents'  es include ple other than r dependents?	✓ No ☐ Yes. Fill out th	is information	s for Separate House  Dependent's related Debtor 1 or Debter	ationshi		2.  Dependent's age	Does dependent live with you?  No Yes Yes Yes Yes
to	timate your expens report expenses as e form and fill in the	of a date after	the bankruptcy is	-	-			•	
	clude expenses paid ch assistance and l					f		Your expens	ses
4.			xpenses for your i					4	\$1,423.00
	If not included in	line 4:							
	4a. Real estate t	axes						4a	
	4b. Property, hor	meowner's, or rer	nter's insurance					4b	\$21.00
	4c. Home mainte	enance, repair, a	nd upkeep expense	es				4c	\$75.00
	4d. Homeowner's	s association or o	condominium dues					4d.	

Deb	otor 1 Sheryl L. Haley-Samuels	Case number (if known)	22-11298-mdc
		Your e	expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5	
6.	Utilities:		
	6a. Electricity, heat, natural gas	6a	\$85.00
	6b. Water, sewer, garbage collection	6b	\$30.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$117.00
	6d. Other. Specify:	6d.	
7.	Food and housekeeping supplies	7	\$500.00
8.	Childcare and children's education costs	8	
9.	Clothing, laundry, and dry cleaning	9.	\$75.00
10.	Personal care products and services	10	\$40.00
11.	Medical and dental expenses	11	\$200.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$251.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13	\$35.00
14.	Charitable contributions and religious donations	14	\$25.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	\$44.00
	15b. Health insurance	15b	\$554.00
	15c. Vehicle insurance	15c	
	15d. Other insurance. Specify:	15d.	
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16	
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a	
	17b. Car payments for Vehicle 2	17b	
	17c. Other. Specify:	17c	
	17d. Other. Specify:		
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
19.	Other payments you make to support others who do not live with you.  Specify:	19	

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Debtor 1		Sheryl L. Haley-Samuels	Case number (if known)	22-11298-mdc		
		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.				
	20a.	0a. Mortgages on other property				
	20b.	Real estate taxes	20b			
	20c.	Property, homeowner's, or renter's insurance	20c			
	20d.	Maintenance, repair, and upkeep expenses	20d			
	20e.	Homeowner's association or condominium dues	20e			
21.	Other	. Specify:	21. <b>+</b>			
22.	Calcu	ulate your monthly expenses.				
	22a.	Add lines 4 through 21.	22a	\$3,475.00		
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b			
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$3,475.00		
23.	Calcu	ulate your monthly net income.				
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$3,775.00		
	23b.	Copy your monthly expenses from line 22c above.	23b. <b>_</b> _	\$3,475.00		
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$300.00		
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you fi	le this form?			
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?						
	1	No.				
	□ )	Yes. Explain here: None.				
		Notice.				